Children's Mental Health Ontario
Santé mentale pour enfants Ontario

180 Dundas St. West, Suite 2305
Toronto, ON M5G 1Z8
416 921 2109 | www.cmho.org

Ms. Anna Greenberg
Interim CEO
Health Quality Ontario
130 Bloor Street West, 10th floor
Toronto, ON
M5S 1N5

November 6, 2018

Re: Internet-Delivered Cognitive Behavioural Therapy (iCBT) for Major Depression and Anxiety Disorders

Dear Ms. Greenberg:

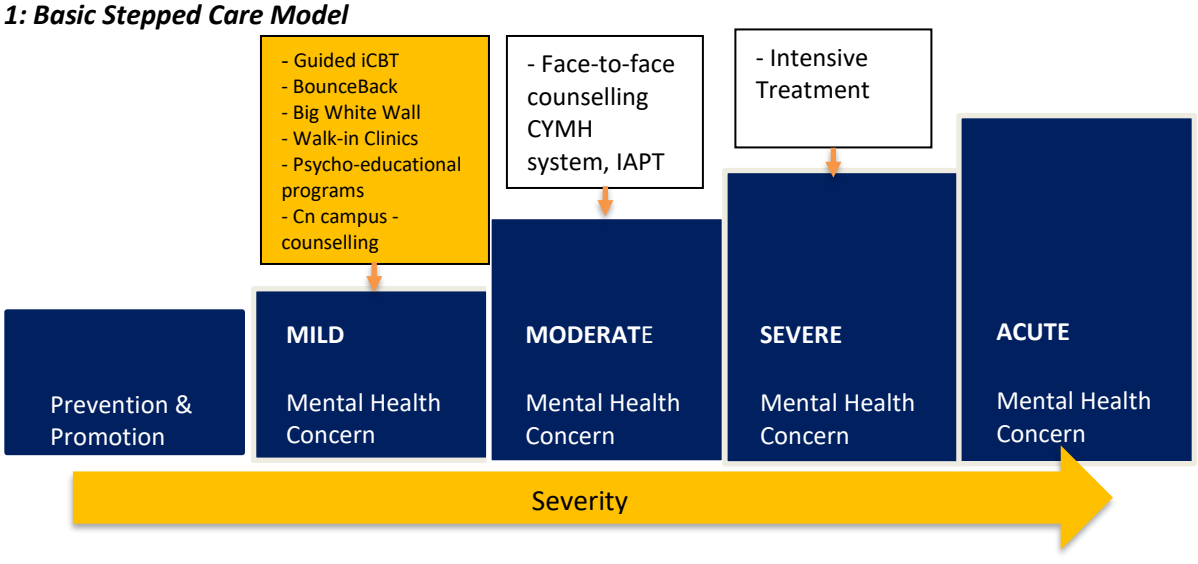
Children's Mental Health Ontario (CMHO) and our members – child and youth mental health (CYMH) agencies across the province – appreciate the opportunity to provide feedback on the draft Health Technology Assessment (HTA) and the associated funding recommendation on iCBT prepared by Health Quality Ontario and the Canadian Agency for Drugs and Technologies in Health (CADTH). HQO has recommended that guided iCBT for mild to moderate major depression and anxiety disorders in adults be publicly funded in Ontario.

Given the potential impact of this recommendation on youth and transitional-aged youth in Ontario, we feel compelled to provide our comment on this proposal. Overall, we are supportive of the recommendation to establish innovative, cost-effective, internet-based approaches to mental health care. We commend the efforts by HQO and CADTH to summarize the evidence behind the effectiveness and value of iCBT. However, we would like to highlight a series of considerations that must be considered prior to implementation of such a program in Ontario.

Stepped Care Model – Designing an Integrated Mental Health System

As described in the HTA, CMHO advocates for a stepped care approach to mental health systems design (see Figure 1). This means that the level of intensity of care is matched to the complexity of the mental health need, and subsequently, that the most effective, yet least resource-expensive treatment is delivered first. We envision iCBT as serving the needs of clients with **mild** needs, with other providers and services offered to those with other needs (see Appendix A for more details). For the system to work as designed, we must ensure that clients are appropriate referred into, and out of, iCBT programs depending on their level of need.

Figure 1: Basic Stepped Care Model



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Upon entry into the mental health system, a common screener should be used to identify the client's level of need. For those with **mild** need, walk-in clinics, on-campus counselling services, and programs like BounceBack or White Wall should be offered to provide initial, short-term supports (in the case of walk-ins, 1-3 sessions). Those requiring additional supports and meeting the specific criteria, should be referred to programs such as iCBT. After completion of the iCBT treatment – or if it becomes clear that the client requires additional supports during the program – users should be seamlessly connected to appropriate community supports that can offer intensive treatments or connected back to their primary care provider for ongoing monitoring (for **moderate** and **severe** needs).

Following in a stepped care approach, we also caution that any investments in iCBT must be coupled with investments across the mental health system, to ensure that those with severe and acute mental health needs have access to the specialized care they require. The current mental health system children and youth is sufficiently under-funded across the continuum, and investments are required at each point along the spectrum.

Other Key Considerations/Questions for Implementation:

In line with the HTA, we have identified several other key considerations related to the implementation of iCBT in Ontario.

- **Age Appropriateness.** The HQO recommendation is to fund guided iCBT for adults in Ontario. Given the existing research into the effectiveness of iCBT for youth as young as 12, we caution to the government to be aware of the appropriate age limits for this type treatment. If iCBT were to be made available to transitional-aged youth, it may be necessary to tailor the program and platform to meet their specific needs.
- **Appropriate Partnerships with Ontario's Colleges and Universities**. Students in post-secondary institutions experience high rates of certain mental health issues. A 2016 study in Ontario found that 65% of students reported experiencing overwhelming anxiety in the previous year, and that 46% reported feeling so depressed in the previous year it was difficult to function. [1] Given the level and type of need, guided iCBT may be an especially effective resource for this population. However, determining appropriate mechanisms to partner with Ontario's post-secondary institutions will be critical to ensure effctive referrals and care transitions.
- **Ensuring Client Centred-Care through Choice.** iCBT will not be appropriate in all cases, and many young people still prefer to access treatment in-person. A study from Ireland found that while 68% of university students said they would use the Internet for help with mental health issues, 79% expressed a preference for face-to-face support.[2] This sentiment has been supported by CMHO's engagement with youth throughout Ontario. To ensure patient centred-care, clients in the mental health system should be provided with a buffet of evidence-based treatments to meet their individual needs and goals.
- **Culturally Appropriate Care.** Relatedly, general iCBT programs may not be able to meet the unique needs of specific populations. Over time, it will be important to adapt and target the iCBT programs for certain groups. For example, iCBT may be a beneficial innovation for Indigenous people and

[1] American College Health Association. *American College Health Association-National College Health Assessment II: Ontario Canada Reference Group Executive Summary Spring 2016*. Hanover, MD: American College Health Association; 2016.
[2] Horgan, A., & Sweeney, J. (2010). Young students' use of the Internet for mental health information and support. Journal of Psychiatric and Mental Health Nursing, 17, 117-123.

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communities in remote communities who experience significant barriers accessing mental health treatments. But, any such program would need to be adapted to ensure the care provided is culturally safe and appropriate.

- **Program Delivery Details.** As explored in the HTA, there are several options for delivering iCBT in Ontario. It is important to consider the most cost-effective and accessible method, and ensure that, in any scenario, the program is accompanied by strict controls to ensure quality and consistency. Questions for further consideration include:
    - Who is best positioned to manage the infrastructure needed for an iCBT program? (e.g. community agencies, hospitals, new or existing provincial organization, etc.)
    - Are there opportunities to leverage private insurance (for students and workers) and employers to offer iCBT and reduce costs to the public system?
    - Who is the most appropriate non-physician provider to offer guided iCBT? (considering cost-effectiveness and quality)
    - How do we provide appropriate supervision to the workforce to ensure the program follows strict controls?
    - What is the 'right' number of sessions for clients to balance quality and cost-effectiveness? (i.e. what are the discharge criteria?)
    - How can we ensure a seamless and appropriate flow of clients in and out of the program?
- **Evaluation and Quality Assessment.** Implementation of iCBT must be accompanied by a rigorous and on-going assessment to ensure the program is cost-effective and resulting in improved client outcomes. This must include consistent diagnostic assessments for clients on program entry, session-by-session outcome reports (to measure change/ improvement), and consistent assessment on exit from program. Clear discharge processes must also be established to ensure appropriate use of public dollars (i.e. to ensure clients don't continue to use program on an ongoing basis when no longer requiring the service). Questions for further consideration include:
    - How will we implement a common screener to ensure only those meeting specific criteria are referred to iCBT?
    - How can we best measure client experience and satisfaction?
    - Who should be responsible for ongoing evaluation of the program? (i.e. Health Quality Ontario or others?)
    - How can we measure cost-effectiveness and outcomes? When making choices with public funds, we need to consciously make choices about costs, outcomes, and populations served to ensure appropriate and efficient use of dollars.

Risks

As with all new programs and policies, government funded iCBT has several risks. For the purposes of this submission, we would like to highlight one central risk: iCBT becomes an independent, non-integrated service that provides publicly-funded counselling to those who could be adequately served through less expensive services (i.e. walk-ins, psycho-educational resources etc.), thereby using up already scarce resources in the mental health system. The questions we raised in the above section must be considered to avoid this risk.

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CMHO and our members appreciate the opportunity to provide feedback on the draft HTA and the draft HQO Recommendation on iCBT. We support the recommendation to publicly fund iCBT for adults experiencing mild to moderate major depression and anxiety disorders in Ontario and believe it may be an especially valuable resource for post-secondary students. However, we have outlined a number of key considerations that must be addressed before iCBT can be implemented in Ontario. Finally, we encourage the government to complement the investments in iCBT with investments across the continuum of care, to alleviate the lack of services for those with high needs.

Thank you once again for the opportunity to provide feedback on this recommendation. We look forward to working with HQO as we move forward with innovative approaches to mental health care in Ontario. Please feel free to contact me directly at kmoran@cmho.org or 416-921-2109 Ext. 123 if you have any questions about this submission.

Sincerely,

Kimberly Moran
CEO
Children's Mental Health Ontario

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Appendix A: Detailed Stepped Care Model